

DORCHESTER COUNTYTREE REMOVAL PERMIT APPLICATION

Planning & Codes Enforcement Department

500 N. Main Street, Box 3 Summerville, South Carolina 29483 Phone: (843) 832-0020 • Fax: (843) 832-0037

Office Use Only	Date Received:	Staff:	PERMIT NUMBER:
			

Instructions: Applicants must complete and submit this application with all the required information to the **Department of Planning & Codes Enforcement** at 500 N. Main Street, Box 3, Summerville.

Department of Planning & Codes Enforcement at 500 N. Main Street, Box 3, Summerville.
<u>Please complete and submit both pages.</u> <u>Incomplete applications will not be considered.</u>
Applicant Information
Applicant: Today's Date:
Address:
City: State: Zip:
Daytime Phone: Alternate Phone:
Fax: Email:
Site Information
Location/address:
Subdivision: TMS# (Name of subdivision or neighborhood)
Have you lived at this address for more than two years? Yes No
Do you own the property? Yes No (If no, the owner must provide written permission to remove tree(s).
Property Owner: Same as applicant
Address:
City: State: Zip:
Additional Information
Number of trees to be removed: Approximate diameter of trees:
Reason for removal:
(May require verification and certification from an Arborist.)

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TREE REMOVAL PERMIT APPLICATION (CONTINUED)

Use this space to draw a site plan depicting the property and showing the approximate location of structure(s) and the tree(s) being considered for removal.
the tree(o) being constacted for removal.
Upon receipt of this application, an inspection will be scheduled and conducted.
MARK TREES WITH PAINT OR RIBBON
Upon approval, the applicant will be given a tree removal permit to be prominently displayed on or near the tree location
any time work is being conducted.
PERMIT EXPIRES IN SIX (6) MONTHS
Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel of land restricted by any
recorded covenant that is contrary to, conflicts with or prohibits the activity described in the application?
☐ Yes ☐ No
Applicant Signature: Date:
Typican Signature.
Planning Staff Use Only
☐ Approved ☐ Denied ☐ Unnecessary
Notes:
Reviewed by: Date: RETURNED DATE:

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